

Sponsor _____
 Name of Airport _____
 Fiscal Year Ended _____

FINANCIAL GOVERNMENTAL PAYMENT REPORT

Payments to other government units

To unit of government: _____

Payee - Department or Agency	Purpose	Amount
1.	Law Enforcement	\$ _____
2.	Firefighting	_____
3.	Legal Services	_____
4.	Engineering	_____
5.	Procurement	_____
6.		_____
7.		_____
8.		_____

To unit of government: _____

Payee - Department or Agency	Purpose	Amount
1.		\$ _____
2.		_____
3.		_____
4.		_____
5.		_____
6.		_____
7.		_____
8.		_____

Services and property provided to other government units

To unit of government: _____

Recipient - Department or Agency	Value
1.	\$ _____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____

Compensation for property and services

From unit of government: _____

Remitting Department or Agency	Compensation
1.	\$ _____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____

Total of cash and investments held in airport accounts at the end of the fiscal year: _____

In compliance with § 47107(a)(19) of Title 49 United States Code.

I certify that the information on this form is true and accurate to the best of my knowledge and belief.

Please complete this form noting fees and service provided to and received from other governments. Please list each government if more than one.

 Authorized Representative

 Date

 Title

FAA Form 5100-126 (xx)

AGENCY DISPLAY OF ESTIMATED BURDEN.

The FAA estimates that the average burden for this report form is 3 hours per response. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Office of Management and Budget. You may also send comments to the Federal Aviation Administration, Program Support Branch, ARP-11, 800 Independence Avenue, SW, Washington, DC 20591, Attention: OMB Number 2120-0557.